

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5772

RECEIVED MAR 14 1941
Registration District No. 249

Primary Registration District No. 1002

State File No. 544
Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution just arrived
(Specify whether)
In this community 1 week
years, months or days

3. (a) PRINT FULL NAME MRS BLANCHEN I JOHNSON

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence R. Johnson
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased August 23 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 5 13 hr. min.

9. Birthplace South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Otto Wallim

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence R. Johnson

(b) Address 4008 Warwick, K. C., Mo.

17. (a) Removal (b) Date thereof 2-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sioux City, Iowa

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3/7/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4008 Warwick Boulevard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6 year 1941
hour 5:00 minute P.

21. I hereby certify that I attended the deceased from 5:00 P.
that last night I attended the deceased from 19 to 19
and that death occurred on the date and hour stated above.
Immediate cause of death Acute dilatation of the heart
Duration

Due to 7 1/2 month pregnancy

Other conditions 7
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify type of injury)

23. Signature W. M. Brown (M. D. or other)

Address K. C., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

145-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision..

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

HOWENA MOORE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5772
Registrar's No. 544

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

- (a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Blanche N. Johnson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

- (b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

- (c) Place: burial or cremation.

18. (a) Signature of funeral director.

- (b) Address.

19. (a) 2/2/41 (b) M. M. Brown

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.

- (c) City or town. (If outside city or town limits write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Feb day 2-41
year. hour. minute. M.

21. I hereby certify that I attended the deceased from. 19.
that I last saw him alive on. 19.
and that death occurred on the date and hour stated above.

Immediate cause of death

acute Dil. Heart

Due to 7 1/2 mo. pregnancy

Due to premature separation of the

Other conditions. (Include pregnancy within 3 months of death)

Major findings of operation. placenta

Of autopsy Neither delivery or abortion

145.2

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).

- (b) Date of occurrence.

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury.

23. Signature. (M. D. or other)

Address. Date signed.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

